

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment



Yes



No

1. Committee Information

a. Full Name

Friends for Jerry Monette

c. ID Number

3CD21D

b. Mailing Address (include City, State and Zip Code)

4250 Wilcox Road
New Bern, NC 28562

d. Date Filed

7-15-10

e. Phone Number

252-638-1817

2. Report Year

2010

3. Period Start Date (mm/dd/yy)

4-18-10

4. Period End Date (mm/dd/yy)

7-12-10

5. Treasurer Full Name

Jerry Glenn Monette

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent
☐ Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☒ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

8. Number of Fundraisers this Report

0

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Branch Bank & Trust

b. Purpose

Campaign
Checking
Account

c. Account Code

1

d. Period Begin Balance

\$ 2722.41

11. Account Information

a. Financial Institution Full Name

State Employees Credit Union

b. Purpose

Campaign
Credit Card

c. Account Code

2

d. Period Begin Balance

\$ 0.00

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Jerry G. Monette

Printed Name of Signer

Signature of Appointed Treasurer

7-15-10

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

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Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Friends for Jerry Monette		2. Type of Report 2 nd Quarter BY: _____		3. ID Number 3CD21D	
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2722.42		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00		\$	
6) Contributions from Individuals (CRO-1210)		\$ 750.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 850.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2930.10		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 250.00		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 334.94		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3515.04		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 57.38		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

JUL 15 2010

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Page 1 of 1

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Friends for Jerry Monette						2. ID Number 3CDZID	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	4-21-10	\$ 2.00	Statement fee.	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Ck.Card	O	4-24-10	\$ 34.25	fuel	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Ck.Card	K	4-28-10	\$ 44.16	Staples	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Ck.Card	O	5-1-10	\$ 18.68	candy / parade	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Ck.Card	O	5-2-10	\$ 45.05	fuel	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check	O	5-4-10	\$ 40.00	drinks/snacks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	5-19-10	\$ 2.00	statement fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Ck.Card	O	5-23-10	\$ 49.45	fuel	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Ck.Card	O	6-3-10	\$ 48.90	fuel	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Ck.Card	O	6-5-10	\$ 48.45	fuel	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	6-21-10	\$ 2.00	statement fee	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$		
4. Total only this Page					\$	334.94	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	334.94	
6. Purpose Codes (List detailed expenditure code in (d) above)							
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate				
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)							

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

RECEIVED JUL 15 2010

Pg 1 of Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Friends for Jerry Monette					2. ID Number 3CD21D	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sun Journal P.O. Box 1149 New Bern, NC 28663 252-638-1801			b. Coordinated Committee Name		d. Comments Political Advertisement	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 447.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A*	4-21-10	\$223.60	Political Ads	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sun Journal P.O. Box 1149 New Bern, NC 28663 252-638-1801			b. Coordinated Committee Name		d. Comments Political Advertisement	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 1470.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A*	4-28-10	\$1023.60	Political Ads	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Riverdale Fuel Market 110 Riverdale Rd. New Bern, NC 28562 252-637-9800			b. Coordinated Committee Name		d. Comments Fuel	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 238.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Ck. Card	O*	4-30-10	\$75.00	Operational Expense	
				\$		
5. Total only this Page					\$ 1322.20	
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						

* Codes require detailed explanation in required remarks field (k)

Disbursements

JUL 15 2010

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of

Amendment

☐ Yes

☒ No

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) Friends for Jerry Monette					2. ID Number 3CD21D	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Golden Corral 4060 Arendell St. Morehead City, NC 28557 252-726-1609			b. Coordinated Committee Name		d. Comments Campaign Event	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 51.20	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment Ck. Card	h. Purpose Code O*	i. Date (mm/dd/yyyy) 5-2-10	j. Amount \$51.20	k. Required Remarks Campaign Event	
				\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ethel C. Raynor 235 Sanders Lane New Bern, NC 28562 252-633-5972			b. Coordinated Committee Name		d. Comments Get Out The Vote	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 100.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment Check	h. Purpose Code E	i. Date (mm/dd/yyyy) 5-4-2010	j. Amount \$100.00	k. Required Remarks Poll Worker	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Blanche S. Simmons 5400 Hwy. 17 N New Bern, NC 28560 252-637-5698			b. Coordinated Committee Name		d. Comments Get Out The Vote	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 100.00	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment Check	h. Purpose Code E	i. Date (mm/dd/yyyy) 5-4-10	j. Amount \$100.00	k. Required Remarks Poll Worker	
				\$		
5. Total only this Page					\$ 251.20	
6. Total of ALL CRO-1310 Pages					\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

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JUL 15 2010

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Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Friends for Jerry Monette BY: _____					2. ID Number 3CD21D	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Brenda R. Middleton 1904 New Bern Avenue New Bern, NC 28562 252-638-1305			b. Coordinated Committee Name		d. Comments Get Out The Vote	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 100.00	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code E	i. Date (mm/dd/yyyy) 5-4-10	j. Amount \$100.00	k. Required Remarks Poll Worker	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Charlene Jackson 2332 Dover Road New Bern, NC 28560			b. Coordinated Committee Name		d. Comments Get Out The Vote	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 100.00	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code E	i. Date (mm/dd/yyyy) 5-4-10	j. Amount \$100.00	k. Required Remarks Poll Worker	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lucy Jefferson 6025 Hwy. 55 W New Bern, NC 28560			b. Coordinated Committee Name		d. Comments Get Out The Vote	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 100.00	
f. Account Code 1	g. Form of Payment Check	h. Purpose Code E	i. Date (mm/dd/yyyy) 5-4-10	j. Amount \$100.00	k. Required Remarks Poll Worker	
				\$		
5. Total only this Page					\$ 300.00	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						

* Codes require detailed explanation in required remarks field (k)

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

RECEIVED

Pg 4 of Amendment ☐ Yes ☒ No

JUL 15 2010

1. Committee Full Name (and Fund if applicable)

Friends for Jerry Monette

BY:

2. ID Number

3CD21D

3. Type of Disbursement

(Please use separate CRO-1310 forms for each type of Disbursement.)

☒ Operating Expenses

☐ Contributions to Candidates/Political Committees

☐ Coordinated Party Expenditures

4. Payee Information

☒ Add

☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

Applebee's Grill
3450 Martin Luther King Blvd.
New Bern, NC 28561
252-637-8050

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

Primary
Victory
Celebration

e. Election Sum to Date

\$ 136.06

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

1

Ck. Card

O*

5-4-10

\$136.06

Victory
Dinner

\$

4. Payee Information

☒ Add

☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

Shell Fuel Mart
601 Fontana Blvd.
Havelock, NC 28532

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

Fuel

e. Election Sum to Date

\$ 53.20

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

1

Ck. Card

O*

5-7-10

\$53.20

Sign
Removal

\$

4. Payee Information

☒ Add

☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

Craven CountyHealth Dept.
Home Health-Hospice
2818 Neuse Blvd.
New Bern, NC 28562
252-636-4930

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

Donation

e. Election Sum to Date

\$ 100.00

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

1

Check

O*

5-12-10

\$100.00

Breakfast
Social Event

\$

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 289.26

\$

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

RECEIVED
JUL 15 2010

Pg 5 of Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Friends for Jerry Monette					2. ID Number 3CD21D	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bush Signs L.L.C. P.O. 9328 Montgomery, Al. 36108 (800) 628-2874			b. Coordinated Committee Name		d. Comments Election Signs	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date \$ 767.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A*	5-14-10	\$767.44	Election Signs	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 767.44	
6. Total of ALL CRO-1310 Pages					\$ 2930.10	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

RECEIVED
JUL 15 2010

Amendment

☐ Yes ☒ No

No

1. Committee Full Name (and Fund if applicable)

Friends for Jerry Monette

BY:

2. ID Number

3CD21D

3. Type of Disbursement

(Please use separate CRO-1310 forms for each type of Disbursement.)

☐ Operating Expenses

☒ Contributions to Candidates/Political Committees

☐ Coordinated Party Expenditures

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

Craven County Democratic Party
P.O. Box 1174
New Bern, NC 28563

b. Coordinated Committee Name

Craven County
Democratic Party

c. Level Registered (Specify)

☐ Federal

☒ County:

☐ State

☐ Municipality:

d. Comments

Orringer Awards
Dinner Sponsor
Contribution

e. Election Sum to Date

\$ 350.00

f. Account Code

1

g. Form of Payment

Check

h. Purpose Code

G

i. Date (mm/dd/yyyy)

4-26-10

j. Amount

\$250.00

k. Required Remarks

Sponsorship
Contribution

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

e. Election Sum to Date

\$

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

\$

k. Required Remarks

4. Payee Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

e. Election Sum to Date

\$

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

\$

k. Required Remarks

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 250.00

\$ 250.00

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* - Other

* Codes require detailed explanation in required remarks field (k)